

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST		or rime oldariy)		
NAME(Last)	(First)	(Middle)	TELEPHONE	
Bonnet	William	Α.	543-5660	
MAILING ADDRESS (Street)			FAX	
P. O. Box 2750				
			543-7202	
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	96840-0001	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE		
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip	Code)	

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE		
Hawaiian Electric C	ompany, Inc.	543-5860		
MAILING ADDRESS (Street)		FAX		
P. O. Box 2750		543-7202		
(City)	(State)	(Zip Code)		
Honolulu	Hawaii	96840-0001		
NAME OF PERSON RESPONSIBLE FOR PR	REPARING ORGANIZATION'S EXPENDITURES STATEMEN	T TELEPHONE		
Marcia Wright		543-5860		
MAILING ADDRESS (Street)		FAX		
P. O. Box 2750		543-7202		
(City)	(State)	(Zip Code)		
Honolulu	Hawaii	96840-0001		

PART	PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
XX	Agriculture	Education	•••	Human Services	XX	Science, Technology & Economic Development
XX	Communications & Public Utilities	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
XX	Consumer Protection & Commerce	Hawaiian Affairs		Labor & Employment	XX	Transportation
	Culture, Arts, Historic Preservation	Health		Planning, Land & Water Use Management		Other: (indicate below)
XX	Ecology, Energy Environmental Protection	Housing	XX	Public Safety & Corrections		

PART IV	CERTIFICATION OF LOBBYIST	
I herel	by certify that the information furnished above is	, to the best of my knowledge, correct and complete.
\	() De () De l'	Jan. 9, 2007
	(Signature of Lobbyist)	(Date)
PART V	AUTHORIZATION TO LOBBY	
NIANAT		TITLE OF ALITHORIZING OFFICER OR PERSON REPRESENTED

PART V AUTHORIZATION	N TO LOBBY	
NAME	7	TILE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Molly M. Egged		Secretary
NAME OF ORGANIZATION (if app	licable)	TELEPHONE
Hawaiian Electric	Company, Inc.	543-7728
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		203–1146
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96840-0001
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
	1 /VV	Jan. 9, 2007
(Signature of Au	thorizing Officer or Person Represented	d) (Date)